S464 FORM

Education Act 1989, Section 464 (Previously – Private Schools Conditional Integration act 1975, Section 65)

APPLICATION FOR A POSITION RELATED TO SPECIAL CHARACTER IN A CATHOLIC SCHOOL

| A. POSITION BEING APPLIE | <u>:D FOR</u> | | | |
|--|--|--|--|--|
| Position: | | | | |
| School: | | | | |
| Address: | | | | |
| | | | | |
| B. <u>PERSONAL</u> | | | | |
| First Names: | | | | |
| Surname: | | | | |
| Address: | | | | |
| Religion: | | | | |
| Telephone Number Day: Evening: | | | | |
| e-mail: | | | | |
| C DADICII | | | | |
| C. <u>PARISH</u> | holic parish community? | | | |
| 1.0 Are you a member of a Cat | , , | | | |
| If yes, name and address o | r paristi. | | | |
| | Are you involved in parish ministry? (eg. Youth Ministry, Ministry of Word, Eucharist, Hospitality, Service, Liturgy) Yes No | | | |
| If yes, name of Ministry or S | Service | | | |
| | | | | |
| | JRSES IN RELIGIOUS EDUCATION AND/OR THEOLOG | | | |
| (See Notes) Qualification/Course Attended | Institution and Year | | | |
| (Include your Certification for Teac in Catholic Schools if applicable) | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Duplicate and attach relevant CV material or certificates etc as appropriate.

| 3.0 | your pract | a beginning teacher, were you associated with a Catho ce teaching professional training? ne and address of school(s): | ic school Yes | as part of No |
|-----|-------------|---|------------------|---------------|
| E. | | S TEACHING EXPERIENCE RELATED TO THE SP ER OF A CATHOLIC SCHOOL | ECIAL | |
| | Position | School Year Level | Fron | n To |
| | | | | |
| F. | | JALIFICATIONS & EXPERIENCE RELEVANT TO TER OF A CATHOLIC SCHOOL (See Notes) | THE SPE | <u>CIAL</u> |
| | | | | |
| | | | | |
| | referee mus | S CHARACTER REFEREES Please provide three referst be a priest, ethnic chaplain or lay pastoral leader who actice. (See note on referees.) | | |
| 1 | Name | Phone: Day | / | |
| | Address | Night | | |
| | | Cell | | |
| | Email | | | |
| 2 | Name | Phone: Day | , | |
| | Address | Night | | |
| | Email | Cell | | |
| | Email | | _ | |
| 3 | Name | Phone: Day | / | |
| | Address | Night | | |
| | | Cell | | |
| | Email | | | |

| I acknowledge and accept that the information I have (Board of Trustees in secondary schools) in terms of assess my acceptability for the position as defined in Trustees to determine my suitability for the position information in this document that explains acceptability | Education Act 1989, Section 464 to in the Act, and also by the Board of as defined in the Act. I have read the |
|---|--|
| Signed: | Date: |